

# **THIRTEENTH JUDICIAL CIRCUIT COURT ADULT COURT PROGRAMS**

## **NOTICE OF PARTICIPATION IN COURT**

This is to verify that \_\_\_\_\_  
is currently participating in: Boone County Court Program.

As a participant, any use of physician prescribed or over the counter medication is not allowed without the knowledge and consent of the Court and monitoring and supervision by treatment providers and/or probation officer.

The court would request that you take this into account when prescribing or recommending medication. The undersigned participant and the court greatly appreciate your consideration of these restrictions as you provide medical or dental treatment to this patient. Please feel free to contact the court representative by telephone at \_\_\_\_\_ to discuss any issues relating to this patient and supervised treatment.

Signature of Participant/Date

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Signature of Court Representative/Date

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The Court request that you sign below for our records to ensure our participants are fulfilling their responsibility to the Court and to their medical provider by disclosing this information. Thank you.

Attending Physician/Nurse Practitioner/Dentist/Date

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